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<b>To:</b>	Mail Stop AF Commissioner for Patents	<b>From:</b>	Jill Woodburn
<b>Fax:</b>	571-273-8300	<b>Pages:</b>	11
<b>Phone:</b>		<b>Date:</b>	September 8, 2006
<b>Re:</b>	09/554,793	<b>CC:</b>	

Applicant: Volker ZIMMER  
Serial No.: 09/554,793  
Filing Date: September 19, 2000  
Entitled: Capillary Active test Element Having an Intermediate Layer  
Situating Between the Support and the Covering  
Group No.: 1743  
Ref. No.: 18622 US  
Attachments:

- Transmittal Form (1pp)
- Fee Transmittal (1pp)(duplicate)
- Reply under 37 CFR 1.116 (6pp)
- Terminal Disclaimer (1pp)
- Fax Transmittal Sheet (1pp)

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PTO/SB/21 (07-06)

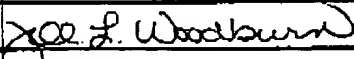
Approved for use through 09/30/2006 OMB 0851-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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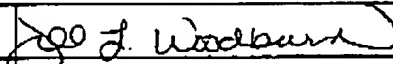
<b>TRANSMITTAL FORM</b>	Application Number	09/554,793	
	Filing Date	September 19, 2000	
	First Named Inventor	Zimmer	
	Art Unit	1743	
	Examiner Name	Alexander, Lyla	
(to be used for all correspondence after initial filing)		Attorney Docket Number	18622 US
Total Number of Pages in This Submission		11	

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax Transmittal (1pp)
Remarks _____		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Office of Jill L. Woodburn, LLC		
Signature			
Printed name	Jill L. Woodburn		
Date	September 8, 2006	Reg. No.	39,874

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Jill L. Woodburn
Date	September 8, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (07-08)

Approved for use through 01/31/2007, OMB 0551-0032

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL

### For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) **130.00**

#### Complete if Known

Application Number	091554 793
Filing Date	September 19, 2000
First Named Inventor	Zimmer
Examiner Name	Alexander
Art Unit	1743
Attorney Docket No.	18622 US

#### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 50-0877 Deposit Account Name: Roche Diagnostics GmbH

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☐ Credit any overpayments

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#### FEE CALCULATION

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

##### 2. EXCESS CLAIM FEES

###### Fee Description

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
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Each independent claim over 3 (including Reissues)

50	25
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Multiple dependent claims

200	100
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###### Total Claims

###### Extra Claims

###### Fee (\$)

###### Fee Paid (\$)

###### Multiple Dependent Claims

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

###### Indep. Claims

###### Extra Claims

###### Fee (\$)

###### Fee Paid (\$)

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**

 Other (e.g., late filing surcharge): Statutory Disclaimer 1.20(d)
**130.00**

#### SUBMITTED BY

Signature	<u>Jill Woodburn</u>	Registration No. (Attorney/Agent)	39874	Telephone	219-764-4005
Name (Print/Type)	Jill Woodburn	Date	Sept. 8, 2006		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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